

Mental Health Services Plan

Individuals 18 Years of Age and Older

Fee Schedule

Effective July 1, 2012

I. Acute Inpatient Services

Acute care inpatient treatment is not a benefit under the Mental Health Services Plan.

II. Practitioner Services

Mental health practitioners include physicians, physician assistants, nurse practitioners, psychologists, social workers, and professional counselors. Practitioners bill using standard CPT-4 procedure codes and are reimbursed according to the Department's RBRVS system. Please refer to

http://medicaidprovider.hhs.mt.gov/pdf/fee_schedules/2012/rbrvssf2013.pdf for the rates.

CPT Code	Procedure	Time	Psychologist	LCSW	LCPC
90801	Psychiatric diagnostic interview examination	Per session	Same as Medicaid	Same as Medicaid	Same as Medicaid
90804*	Individual psychotherapy	20 - 30 min.	Same as Medicaid	Same as Medicaid	Same as Medicaid
90806*	Individual psychotherapy	45 - 50 min.	Same as Medicaid	Same as Medicaid	Same as Medicaid
90846*	Family psychotherapy without patient	Per session	Same as Medicaid	Same as Medicaid	Same as Medicaid
90847*	Family psychotherapy with patient	Per session	Same as Medicaid	Same as Medicaid	Same as Medicaid
90853	Group psychotherapy (other than multi-family)	Per session	Same as Medicaid	Same as Medicaid	Same as Medicaid
96101 AH	Psychological testing including psycho-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities	Per hour	Same as Medicaid	N/A	N/A
96102 AH	Psychological testing by technician	Per hour	Same as Medicaid	N/A	N/A
96103 AH	Psychological testing administered by computer	Per test battery	Same as Medicaid	N/A	N/A

* Individuals may not receive more than a combined total of 24 sessions per year (July 1 – June 30) for these four codes.

III. Mental Health Center Services

The following table summarizes services available through licensed mental health centers.

Service	Procedure	Modifier		Unit	Reimbursement	Copay	Limits	Management
		1	2					
Respite Care – Adult	S5150	HB		15 min	\$2.70	None	24 units/24 hours 48 units/mo	Retrospective
M.H. Group Home – Adult	S5102			Day	\$99.78	None	None	Retrospective
M.H. Group Home Therapeutic Leave	S5102	U5		Day	\$99.78	None	14 days / year	Retrospective
Adult Foster Care	S5140			Day	\$79.83	None	None	Retrospective
Adult Foster Care Therapeutic Leave	S5140	U5		Day	\$79.83	None	14 days / year	Retrospective
Day treatment – Adult Half day	H2012	HB		Hour	\$12.38	None	3 hrs/day	Retrospective
Community-based psychiatric rehabilitation & support – individual	H2019			15 min	\$6.49	None	None	Retrospective
Community-based psychiatric rehabilitation & support – group	H2019	HQ		15 min	\$1.94	None	None	Retrospective
Illness Management and Recovery – Individual	H2015	HB		15 min	\$11.13	None	None	Retrospective review
Illness Management and Recovery - Group	H2017	HQ		15 min	\$6.22	None	None	Retrospective review
Crisis intervention facility	S9485			Day	\$323.99	None	None	Prior Authorization
Program of Assertive Community Treatment (PACT)	H0040			Day	\$44.16	None	None	Retrospective review
Intensive Community Based Rehabilitation	S5102	HE		Day	\$236.37		None	Prior Authorization

IV. Case Management Services

Adult case management services available through the Medicaid program and through the MHSP must be provided by a licensed mental health center with case management endorsement.

Service	Procedure	Modifier		Unit	Reimbursement	Copay	Limits	Management
		1	2					
Targeted Case Management – Adult, Individual	T1016	HB		15 min.	\$16.83	None	None	Retrospective

V. Partial Hospitalization

Partial hospitalization services are **not** available to MHSP beneficiaries.

VI. Intensive Outpatient Services

Intensive outpatient services available through the Mental Health Services Plan must be provided by a licensed mental health practitioner when outpatient psychotherapy is medically necessary for more than 24 sessions per year. Dialectical Behavior Therapy Skill Development may be reimbursed to mental health center and/or mental health practitioner provider types.

Service	Procedure	Modifier	Unit	Reimbursement	Copay	Limits	Management
Intensive Outpatient Services	H0046	HB	45-50 min	\$53.76	\$3.00	None	Prior authorized
Dialectical Behavior Therapy – Skill Development - Individual	H2014		15 min	\$15.76	\$3.00	None	Prior authorized
Dialectical Behavior Therapy – Skill Development - Group	H2014	HQ	15 min	\$10.50	\$3.00	None	Prior authorized